

**Small Purchase Charge Card Program
Annual Cardholder Review Certification**

MEMORANDUM

TO: Charge Card Administration Analyst
Department of Accounts

FROM: _____, SPCC Program Administrator

Agency: _____

Agency Number: _____

SUBJECT: **Annual Cardholder Review**

I have completed my agency's Annual Small Purchase Charge Card (SPCC) cardholder review for the period of **[Month] [Day], [Year]** to **[Month] [Day], [Year]**. I have reviewed each supervisor's review of their cardholders for appropriate transaction and monthly limits as well as the volume of transactions over the last year. If there were any cardholders whose accounts needed a change such as they no longer had a need for a card, their cards were cancelled; or transaction and/or monthly limits needed adjusting, they were adjusted per State guidelines.

Number of Cardholders _____ Number of Cards _____

Signed by the SPCC Program Administrator:

Signature: _____

Typed Name: _____

Title: _____

Date: _____

Please fax completed form to:

Attention: Charge Card Administration Analyst at (804) 786-9201